

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029003

7686

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. **FILED AUG 13 1962**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **De Paul Hospital**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY OR TOWN **St. Louis**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
13057 Lakeridge DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward**J.****Neis Sr.**

4. DATE OF DEATH

Month

Day

Year

August**4****1962**

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5-10-1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Disabled Inspector10b. KIND OF BUSINESS OR INDUSTRY
Fisher Body Co.11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
United States

13a. FATHER'S NAME

Frank Neis

13b. MOTHER'S MAIDEN NAME

Rose Kercher

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edward J. Neis, Jr. 13057 Lakeridge Dr.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**Cor Pulmonale
Pulmonary Emphysema
527.1**

INTERVAL BETWEEN ONSET AND DEATH

1-2 yrs**yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Oct 27, 1961** to **Aug 4, 1962** and saw him alive on **Aug 3, 1962**
Death occurred at **8:55 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 8 1962

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo.

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son Inc. 2161 E. Fair

25. DATE RECD. BY LOCAL REG.

AUG 6 1962

26. REGISTRAR'S SIGNATURE

Roal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.